**FEC** 

Only

## STATEMENT OF

PAGE 1 / 11 ·

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Maine Democratic Party PO Box 5258 ADDRESS (number and street) 320 Water St 3rd Floor (Check if address is changed) 04330-5258 Augusta ME CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address lisa@mainedems.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.mainedems.org (Check if address is changed) DATE 30 2020 C00179408 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Johnson, Betty, , , Type or Print Name of Treasurer Johnson, Betty, , , [Electronically Filed] 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i ago 🚣
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Maine Democra	atic Party	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
DNC Services Corpora	ation / Democratic National Committee	
Mailing Address	Victory Fund	
Mailing Address	430 S Capitol Street, SE	
	Washington DC 20003	
	CITY	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lea	adership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the person in pos	ssession of committee
Johnson, I	Betty, , ,	1
Full Name	16 Winthrop St.	
Mailing Address		
	Augusta , ME , 04330-52	258
	) and the state of	
Title or Position	CITY STATE	ZIP CODE
Treasurer		622
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natassistant treasurer).	me and address of
Full Name Johnson, E	3etty, , ,	
Mailing Address	16 Winthrop St.	
	<u></u>	<u> </u>
	Augusta	258
	CITY STATE	ZIP CODE
Title or Position Treasurer		622 6233

FEC <b>For</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.  Depository, etc.  TD Bank	ds accounts, rents
safety deposit b	oxes or maintains funds.  Depository, etc.  TD Bank  101 Western Avenue	ds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  TD Bank  101 Western Avenue	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc.  TD Bank  101 Western Avenue  Augusta  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  TD Bank  101 Western Avenue  Augusta  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  TD Bank  101 Western Avenue  Augusta  CITY  STATE  Depository, etc.  Bank of America  730 15th Street NW	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  TD Bank  101 Western Avenue  Augusta  CITY  STATE  Depository, etc.  Bank of America  730 15th Street NW	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  TD Bank  101 Western Avenue  Augusta  CITY  STATE  Depository, etc.  Bank of America  730 15th Street NW	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5 **of** \_11\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:			
	1		FEC II	O number	C
	2.		FEC II	O number	C
	3.		FEC II	O number	С
	4.		FEC II	O number	С
6.	Name of Any Connected  Dollars for Democ	Organization, Affiliated Committee, Joint Fu	ndraising Re	presentativ	e, or Leadership PAC Sponsor
	Mailing Address	Assoc. of State Democratic Chairs			
		430 South Capitol St SE, STE 300			
		Washington		DC	20003
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	oint Fundraisin	g Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)			
	Mailing Address				
		1	1 1 1 1		
			1		1
	TITLE OR POSITION	CITY A		STATE A	ZIP CODE ▲
			Telephone N	lumber	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in whi aintains funds.  amated Bank  275 Seventh Avenue	ch the commi	ittee deposit	s funds, holds accounts, rents
		New York	, , , I	NY	10003
		CITY A		STATE A	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Democratic Gras	sroots Victory Fund		
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _   Mailing Address  TITLE OR POSITION	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite the safety deposit boxes or make the safety deposit boxes or	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.  Mailing Address	ries: List all banks or other depositories	Telephone I		ZIP CODE   ZIP CODE   s funds, holds accounts, rent
anks or Other Deposito afety deposit boxes or material depositions are of Bank, epository, etc.	CITY A	Telephone I	Number	ZIP CODE A
TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY A	Telephone I	Number	ZIP CODE A
TITLE OR POSITION	CITY A	Telephone I	Number	ZIP CODE A
	CITY A			
	CITY A		STATE A	
Mailing Address				
Mailing Address				
Mailing Address				
Martitus as Audolose ex-				
. 511 1101110			1 1 1	
esignated Agent: Identify	y by name, address (phone number – op	otional)		
Connected	d Organization Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC Sp
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	WASHINGTON		DC	20003
	NUM 143			<u>                                     </u>
Mailing Address	611 PENNSYLVANIA AVE SE			<u> </u>
SARA GIDEON V	ICTORY FUND			
ame of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising Re	presentative	e, or Leadership PAC Spons
4.		FEC I	D number	С
		FEC I	D number	С
3.			D number	С
2		FFC		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). <b>Joint Fundraisi</b>		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
=	VICTORY FUND 2020		
Mailing Address	PO BOX 5258		
	1		
	AUGUSTA	ME	04332
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). <b>Joint Fundraisi</b> r			1 -	EC ID number	C
1.					
2.				EC ID number	С
3.				EC ID number	С
4.			F	EC ID number	C
		liated Committee, Jo	oint Fundraisin	g Representativ	ve, or Leadership PAC Spor
MAINE VOTE BY	MAIL FUND				
Mailing Address	611 PENNSYLV	ANIA AVE SE			
	STE 143				
	WASHINGTON			DC	20003
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	<b>X</b> Joint Fund	Iraising Represen	tative Leadership PAC S
Connecte				Iraising Represen	tative Leadership PAC S
				Iraising Represen	tative Leadership PAC S
esignated Agent: Identif				Iraising Represen	tative Leadership PAC S
esignated Agent: Identif				Iraising Represen	tative Leadership PAC S
esignated Agent: Identif	y by name, address		ptional)		tative Leadership PAC S
esignated Agent: Identif	y by name, address	s (phone number – o	ptional)		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address	s (phone number – o	ptional)		
Full Name Mailing Address  TITLE OR POSITION	y by name, address	city A	ptional)	STATE A	
esignated Agent: Identif  Full Name	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials.	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the property of the position of the po	y by name, address	city A	ptional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

TITLE OR POSITION  Banks or Other Depositors or management of Bank, Depository, etc.  Mailing Address	ries: List all banks o	or other depositories in whice	Telephone Number	ts funds, holds accounts, rents
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o	or other depositories in whice		ts funds, holds accounts, rents
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks o	or other depositories in which		ts funds, holds accounts, rents
TITLE OR POSITION	<b>▼</b>		Telephone Number	
TITLE OR POSITION	▼			
		CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	WASHINGTON	1 1 1 1 1 1 1 1 1	DC	20003
Mailing Address	430 SOUTH CAPI	TOL STREET SE		
BIDEN VICTORY	FUND			
Name of Any Connected	Organization, Affilia	ated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponse
4.			FEC ID number	[C]
1			FEC ID number	C
3.			FEC ID number	C
				C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.	. [		FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	AINE VOIER PR	ROTECTION FUND		
	Mailing Address	600 PENNSYLVANIA AVE SE		
	,	#15845		
		WASHINGTON	, , DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F	ull Name			
F	ull Name	CITY A	STATE A	ZIP CODE A
F	Gull Name	CITY	STATE A	ZIP CODE <b>A</b>
F	Gull Name	CITY		ZIP CODE A
F M	Full Name	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	
F N	TITLE OR POSITION To the control of	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	
F N N Safety Name	Full Name	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	
F N N Safety Name	Full Name	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	
F N N Safety Name	TITLE OR POSITION Ses or Other Depositoricy deposit boxes or main e of Bank, sitory, etc.	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	
F N N Safety Name	TITLE OR POSITION Ses or Other Depositoricy deposit boxes or main e of Bank, sitory, etc.	CITY   CITY   Tel  es: List all banks or other depositories in which t	ephone Number	